

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name LIGHTNING FOOD MART	Telephone Number Est 812-944-0692 Own 812-989-1881	Date of Inspection 04/18/2022	ID#
Address 2620 CHARLESTOWN ROAD, NEW ALBANY IN 47150			
Owner TAMMY WOLFORD	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 04/28/2022
Owner's Address 3101 CREEK RIDGE DR NEW ALBANY, IN 47150-		Menu Type 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in Charge GARY HOKE			
Responsible Person's Email LIGHTNINGFOODMART@ATT.NET			
Certified Food Handler			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected

Summary of Violations C NC R

Received by (name and title printed): GARY HOKE	Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):	Inspected by (signature): <i>Thomas Snider</i>	
cc:	cc:	cc: